NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS,
NORTHWESTERN BRANCH, HOSPITAL
(Clement J. Zablocki Veterans Affairs Medical Center, Building No. 6)
5000 West National Avenue
Milwaukee
Milwaukee County
Wisconsin

PHOTOGRAPHS

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FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
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HISTORIC AMERICAN BUILDINGS SURVEY

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS – NORTHWESTERN BRANCH, HOSPITAL
(Clement J. Zablocki Veterans Affairs Medical Center, Building No. 6)

HABS No. WI-360-F

Location:	Zablocki Veterans Affairs Medical Center, 5000 West National Avenue, Milwaukee, Milwaukee County, Wisconsin
Present Owner:	U.S. Federal Government
Present Occupant:	Zablocki Veterans Affairs Medical Center
Present Use:	Partially vacant, partially office space.
Significance:	This hospital was built in 1879, inaugurating a period of expansion for the Northwestern Branch of the National Home for Disabled Volunteer Soldiers. Originally hospital facilities were located in a modest brick structure built in 1867 (now demolished). Expansion of the membership, more emphasis on medical care for veterans, and a shift away from the centralized model resulted in the construction of a number of specialized new buildings. The hospital was the first in a series of new Soldiers' Home buildings designed by prominent Milwaukee architect Henry C. Koch. Koch's firm was the architect for many buildings during this period of expansion including Ward Memorial Hall (1881), several barracks, the chapel (1889) and the headquarters building and the library (1891).
Historian:	Lisa Pfueller Davidson, HABS Historian

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection:	1879
2. Architect:	Henry C. Koch & Co.
3. Original owners, occupants, uses:	General hospital care for NHDVS - Northwestern Branch members from 1879 until 1938, with continued ownership by the U.S. Department of Veterans Affairs. The new tuberculosis hospital was built in 1922-23, but the 1879 building continued to be used for treatment until construction of a new general hospital wing at the newer facility in 1938. Now these twentieth century structures, along with a high rise hospital opened in 1966, form the medical facilities for Zablocki VA Medical Center. The 1879 hospital has been partially converted into office space.
4. Builder:	C. P. Foote, Milwaukee – General Contractor Nic Neuschwander – Masonry R. L. Jones - Slate and Galvanized Cornice
5. Original plans and construction:	Original drawings have not been located for the hospital. It appears to retain its original Italianate appearance on the exterior.
6. Alterations and additions:	1882 – add 2nd floor to connecting corridors 1886 – west convalescent wing addition 1900 – "drug department off 1st east corridor" 1904 – 3rd floor of administration building converted into operating room ca. 1923 – kitchen/service wing expanded

B. Historical Context:

The National Asylum for Disabled Volunteer Soldiers (renamed National Home for Disabled Volunteer Soldiers in 1873) was established by an Act of Congress signed by President Lincoln in March 1865. Federal officials recognized the growing need to care for Union soldiers injured during their Civil War service and subsequently unable to support themselves. This unprecedented federal effort paralleled many state and local initiatives to care for disabled soldiers as the wounded filtered back North after years of fighting. The initial legislation did not specify where the Asylums would be located, but

the general understanding was that several sites in different parts of the northern states would be needed. The Eastern Branch was opened in Togus, Maine on November 10, 1866 to serve veterans in the Northeast. The first of the original branches, the Togus property was a former health resort that offered a number of buildings for immediate use. The Northwestern Branch in Milwaukee also was established in 1866, after negotiations with the Wisconsin Soldiers' Home Society transferred the money and property already acquired by that group to the federal effort. The Central Branch was located outside of Dayton, Ohio in 1867 to be accessible to a large number of veterans in the lower Midwest, western New York and Pennsylvania, and states to the south. By 1930 when the National Homes were incorporated into the new Veterans Administration, the system had grown to include veterans of multiple conflicts cared for at eleven campuses located around the country.[1] The historic National Home sites are still part of the vast system of hospitals and other veterans' benefits managed by the Department of Veterans Affairs (the Veterans Administration was converted into a cabinet-level department in 1989).

During its early decades the Board of Managers for the National Home embarked on ambitious building campaigns for the Northwestern and Central Branches that erected large-scale institutional structures within carefully designed landscapes. Historian Patrick Kelly draws convincing connections between this embrace of high profile institution building and the political motivations of veteran services. In his assessment the members of the Board of Managers were "highly partisan politicians, advocates of a strong and active central state, and eager, for humanitarian as well as political reasons, to demonstrate the power of the federal government to create a centralized institution for the care of war-disabled veterans."[2] Linking care for disabled veterans to domestic ideals of home was an important rhetorical device to gain public support for this endeavor. These efforts culminated in successful lobbying to have the name changed to National Home for Disabled Volunteer Soldiers in 1873 (hereafter NHDVS). The Board of Managers was especially careful to disassociate their institution from others with highly negative connotations, such as poorhouses or insane asylums.[3]

In addition to the creation and development of the NHDVS, new attention to public health and the construction of hospitals emerged from the aftermath of the Civil War. Many doctors were eager to apply the lessons of the recent military conflict, both positive and cautionary, to improved medical techniques in civil institutions. Scientific understanding of disease and contagion was developing rapidly in the period as well, with the first, imperfect understanding of germ theory starting to coexist with older ideas of contagion by miasma or contaminated air. The discussion in the United States also benefitted from intense interest in this topic in Europe and Great Britain, begun a decade earlier by the Crimean War. Motivated by the unsanitary conditions in military field

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[1] Suzanne Julin. "Northwestern Branch, National Home for Disabled Volunteer Soldiers," Milwaukee County, Wisconsin. National Historic Landmark Registration Form (draft), (2008), 35. U.S. Department of the Interior, National Park Service, Washington, D.C.
[2] Patrick Kelly, *Creating a National Home: Building the Veterans' Welfare State, 1860-1900* (Cambridge: Harvard University Press, 1997), 85.
[3] Kelly, 91.

hospitals and her earlier study as a nurse, Englishwoman Florence Nightingale became a champion of hospital reform through her work in war relief, public policy and her writings. Nightingale's *Notes on Nursing* (1st American edition, 1860) and *Notes on Hospitals* (1st edition, 1859; 3rd revised edition, 1863) defined the debate about best practices on both sides of the Atlantic throughout the second half of the nineteenth century.[4]

Led by Nightingale's work, hospital architecture was increasingly seen as a key element in patient care during this period. A rudimentary understanding of germ contagion led to great concern with choosing hospital plans and building materials that would be healthful and avoid making patients sicker. When Nightingale began her work, mortality in hospitals was much higher than for patients treated at home, prompting her open her *Notes on Hospitals* with the admonition that "the very first requirement in a Hospital [is] that it should do the sick no harm."[5] Proper ventilation, sanitation, light, and equipment were essential to healing both surgical and medical cases and avoiding cross infection. The details of ventilation, finish etc. were much debated by the medical profession and their collaborating architects, but the overriding concept of a large hospital divided into freestanding or semi-attached pavilion wards dominated hospital design for the next fifty years. Informed by Nightingale's recommendations along with other leaders of the sanitarian movement, the pavilion plan hospital emerged in England, France and other European countries by the late 1850s and became commonplace by the 1860s.[6]

The overriding concern of the pavilion plan was providing cross ventilation for healthful airflow. This goal was accomplished by building a series of rectangular ward buildings placed parallel to each other and attached only on one side to a system of circulating corridors, if attached at all. According to British architectural historian Anthony King, "natural ventilation, from doors, windows and fireplaces was the rule. This uniformity of design among late Victorian hospitals, with its emphasis on spaciousness and natural ventilation, was the logical outcome of the general acceptance of the aerial conduction of disease, or, as it was known to contemporaries, the miasmic or pythogenic theory."[7] Nightingale's theories, and much of the discussion of healthy hospital design in this period, emerged from the observation that wartime patients often did better in temporary, tent like structures than the repurposed houses and institutions typically used as hospitals. The study *The Hospital: An Architectural and Society*

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[4] For an overview of hospital development see John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975), esp. 155-70 on Nightingale wards.

[5] Florence Nightingale, *Notes on Hospitals* (London: Longman, Green, Longman, Roberts, and Green, 3rd revised edition, 1863), preface.

[6] Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850-1914* (London and New York: Leicester University Press, 1997), vii.

[7] Anthony King, "Hospital Planning: Revised Thoughts on the Origin of the Pavilion Principle in England," *Medical History* 10, no. 4 (October 1966), 360. He traces the contribution of other researchers and architects to the spread of the pavilion hospital in England in addition to Nightingale.

History, emphasizes the importance of military administration and architecture in shaping Nightingale's influential ideas.[8] In Nightingale's view, the ideal hospital pavilions were only one-story high, to allow for proper temperature control and airflow. In reality the basic pavilion plan often was executed in multi-story form due to a variety of practical limitations such as limited land and efficient circulation of personnel around a large institution.

A key early example of the pavilion plan hospital actually constructed under Nightingale's supervision was Herbert Hospital, built in Woolrich, England from 1859-64. Herbert Hospital featured parallel three-story pavilions connected by a one-story corridor. Each pavilion floor was a ward housing 26 patients. Foreshadowing the English hospital innovations are earlier pavilion plans in France such as the rebuilding of Hôpital Lariboisière in Paris during 1846-54. Nightingale's recommendations were also closely followed for the design of St. Thomas's Hospital (1865-71) in London by architect Henry Currey. The tall four-story pavilions were wrapped in a Gothic Revival shell, but healthfully arranged with a one-story connecting corridor and ample ventilation from a western façade on the banks of the Thames.[9]

In the United States, all of the concern with the details of hospital design and the improvements underway by the 1870s can be seen as a reaction to the considerable flaws of the antebellum hospital and contemporary medical care. Not only was the architectural form in flux, but the nature of medical science was rapidly evolving. According to medical historian Charles Rosenburg:

> At mid-century, every aspect of the relationship between medical knowledge and the hospital was uncertain and subject to future negotiation. . . . No student of the institution as it existed in the English-speaking world could remain content with the crowding, the casual nursing, the seemingly unavoidable incidence of hospital-connected illness that at once characterized and indicted mid-century hospitals. And no would-be advocate of the building of new, or the reform of old, hospitals could avoid this debate and its increasingly insistent demands for improvements in architecture, in cleanliness and order, in nursing and plumbing, and in ventilation. Thinking about the mid-century hospital became an exercise in self-conscious social engineering.[10]

The Civil War had interrupted this process in the United States, but post-war growth moved the conversation forward quickly.

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[8] Thompson and Goldin, 166.
[9] Thompson and Goldin, 163-168.
[10] Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987), 93.

The first survey of hospitals in the United States conducted in 1873 found 178 examples, including insane asylums. Of these, only a small fraction would be modern, purpose-built medical facilities.[11] The 1870s were a period of vigorous debate in the United States regarding the proper details of hospital design as the number of new hospital buildings grew rapidly. Examples of up-to-date hospitals cited in period sources included U.S. Charity Free Hospital of New Orleans, Pennsylvania Hospital in Philadelphia, and Massachusetts General Hospital in Boston (which included new pavilion plan addition built in 1873).[12] The question of plan type, while still debated, seemed generally settled on the pavilion form promoted by Nightingale and other European reformers.

The most prominent hospital building project in the United States during this period was the establishment of Johns Hopkins Hospital in Baltimore. Quaker philanthropist Johns Hopkins (1795-1873) left $3 million in his will with instructions for a group of trustees to consult with experts, build, and administer a charitable hospital in the city of Baltimore. In fulfillment of this charge, the Board of Trustees solicited recommendations from five hospital experts and published these reports in 1875 for the use of other hospital planners. As stated in the letter from the trustees to the experts specifying the details of the potential hospital project, "we presume there will be no departure from the now very general method of a central administration building, with wards for the treatment of the sick as carefully separated therefrom and from each other as practicable."[13] Accordingly all five doctors recommended some type of pavilion construction with well-ventilated open wards arranged as individual wings. Other questions considered by each expert included proper ventilation and the best materials and finishes to promote cleanliness.

One of the expert doctors consulted was Army Surgeon John Shaw Billings. Billings had been assigned to special duty with the Treasury Department during 1869-70, in order to assess the hospital buildings of the U.S. Marine Hospital Service. He found only one recently built structure – the U.S. Marine Hospital in Chicago – to be satisfactory. His military background also provides a potential connection to the NHDVS. For Johns Hopkins, Billings recommended a pavilion plan with a mix of one and two story buildings. For ventilation, a key subject in nineteenth century hospital design, he asserts the importance of center fireplaces as ventilation shafts in the wards, combined with fans for mechanical ventilation and hot water radiators for heat.

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[11] Rosenburg, 341. In contrast, a 1923 survey found 4,978 hospitals in the U.S..

[12] *Hospital Plans: Five Essays Relating to the Construction, Organization, and Management of Hospitals Contributed by their Authors for the use of the Johns Hopkins Hospital of Baltimore* (New York: William Wood & Co., 1875), 144. This bequest also included a medical school, training school for female nurses, and a "colored orphans" asylum. Johns Hopkins University was founded by a separate provision in the will, but would be linked to the hospital through the medical school.

The recent influence of the war is seen in these writings as each expert considers the question of "impermanent" or wooden barrack-style hospital buildings as a solution to hospital infections, the idea being that these buildings could simply be torn down and replaced periodically. For various reasons, each rejects this solution in favor of permanent masonry construction.

[13] *Hospital Plans,* xi.

Administrators were cautioned to pay utmost attention to cleanliness; rounded corners, painted plaster walls, and hard wood floors would aid in this critical endeavor. Importantly, Billings was acknowledging the emergence of germ theory, with a caution that "hospitalism" or infections contracted while in a hospital setting, could spread through "gases" or "living particles."[14] According to medical historian Charles Rosenberg, ideas about contagion were changing by the 1870s, but the older idea of infection through miasma or fermentation of bad air was too embedded and seemingly logical to be quickly dismissed.[15]

It was in this period of changing medical understanding and standards that the NHDVS was developing its own medical facilities. Each Soldiers' Home branch had some sort of hospital facilities from its earliest stage of development. The most elaborate of this early group of hospitals was the three-story hospital with pavilion-type wings and numerous towers built at the Central Branch in Dayton, Ohio in 1870.[16] Hospital care was still rather unusual for a large percentage of the American public since those with any means or family were typically treated at home with the assistance of a visiting physician. Limited medical technology meant that most treatments could be done in a domestic setting, without the added risk posed by exposure to other ailments in the hospital. Most existing hospitals were for indigent or dependant populations. In the case of disabled veterans, a lack of family and funds brought them to the Home. These circumstances, along the lingering injuries and ailments of wartime service, made developing hospitals for the National Homes a logical step even in a period when hospital care was still unusual for the general population.

Constructing the Northwestern Branch Hospital

The rambling brick Italianate hospital built in 1879 was the third such facility for the Northwestern Branch. The Mitchell house already present on site served as the first makeshift hospital. The second hospital, later known as Building No. 52, was a brick structure with a mansard roof center tower built c. 1867. It had room for approximately 75 patients. This structure was later converted to barracks and finally demolished around 1960.[17] By the late 1870s, the Northwestern Branch began to shift to a decentralized arrangement like the Central Branch. When testifying before a Congressional committee, General Sharpe, the current governor of the Northwestern Branch, expressed dissatisfaction with the large main building. He attributed most of the discipline

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[14] *Hospital Plans*, 1-46; Rosenberg, 139.
[15] Rosenberg, 130.
[16] Julin – NHL Overview, p. 45 – "Architect C. B. Davis designed the original buildings of the Central Branch. By 1870, the grounds held forty structures, including a Gothic Revival chapel, hospital, officers' residences, barracks, shops, and auxiliary buildings. In 1871, the Board of Managers claimed that the three-story, three hundred bed pavilion plan, Italianate hospital was one of the finest and best-equipped buildings of its kind in the country."
[17] NHDVS Board of Managers *Annual Report* (1877): 66; Robert J. Neugent, "The National Soldiers' Home," *Historical Messenger* 31, no. 3 (1975): 91. The second hospital appears on an 1876 site plan, south of the railroad tracks. A photograph of this building in its final years is located in the x collection.

problems to "herding" the men together in one large structure. The governor speculated that if he had enough money, he would prefer to tear the building down and start over on a decentralized barracks plan like the Central Branch.[18] The Main Building remained, but subsequent development at the Northwestern Branch did move toward a decentralized model in 1879 with construction of a new hospital designed by Milwaukee architect Henry C. Koch. This building was the first major step toward creating the cluster of buildings that define the historic core of the campus. Although the hospital was one of the few functions already housed outside of the Main Building, the growing need for medical care of aging veterans made increasing its facilities a top priority.[19]

The decision to build the new hospital for the Northwestern Branch was related to increased demand for medical services among the Home's members. For several years the Home managers lamented the difficulty of determining the exact cause of a veteran's disability. In the late 1870s, the unofficial policy was to "assume that a healthy inductee, honorably discharged, is now suffering premature health problems due to his military service."[20] For the Milwaukee home in particular, branch Governor General Edward W. Hincks reported in 1878 that "the ratio of sick in hospital to the whole number of beneficiaries has for several years been very much larger at this branch than at any other branch of the Home; and two thirds of the cases in our hospital have been chronic and incurable." He went on to state that "the most pressing need of this Home is a new hospital building of sufficient capacity to accommodate 120 patients, allowing to each 1,000 cubic feet of space; a structure at least 100 by 40 feet and 3 stories high, which, at present low rates of material and labor, can be built for about $15,000."[21]

General Hincks' recommendation was favorably received and plans moved forward for a new hospital. On February 25, 1879 he submitted a special report to the president of the Board of Managers regarding the need for a new hospital. The report pointed out that Northwestern Branch members often arrived from the West after becoming too sick to work and frequently needed extended medical care. He contrasted this situation with the homes in the East, where many members simply could not find work but were reasonably healthy: "In considering this matter it should be borne in mind that the number of sick at this branch now is, and for several years has been, nearly or quite as large as at both the Eastern and Southern Branches, and that a building which would suffice for a hospital at either of those branches would by no means be of sufficient capacity for this branch."[22] Hincks went on to provide detailed cost estimates for the projected building:

Mason work and material - $19,000

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[18] Quoted in Kelly, 114.
[19] Board of Managers – NHDVS, *Annual Report*, (1880), 111.
[20] NHDVS Board of Managers *Annual Report* (1878): 1.
[21] NHDVS Board of Managers *Annual Report* (1878): 68.
[22] NHDVS Board of Managers *Annual Report* (1880): 111. Excerpts of the special report were republished in this annual report. 1879 Board of Managers report, from Jan-June 1879, spent $2500 on brick for new hospital (p. 67)

Carpenter's work and material - $11,715.75
Cut stone - $4787.04
Wrought and cast iron work - $4,443
Tin and galvanized iron and slating - $4,608.20
Total for foundation and superstructure - $44,553.99[23]

Some of the labor cost of constructing the new hospital was subsumed by the general Home appropriation for labor, with the work completed by resident veterans. These tasks included excavation and grading, painting and glazing, and steam and water piping. The above total appropriation was considered to be enough "to complete the building in readiness to receive its boilers, fan, elevator, and cooking apparatus."[24] Actually only $13,367.99 of this total was being requested in a special appropriation, as the Branch had saved construction appropriations from previous years for this project and the Home store fund would contribute $6,000.[25] The new building would include its own kitchen, dining room, pantries, reading room, smoking room, bathrooms, and administrative spaces, at a per capita cost of $310. Hincks contrasted this figure with the $500 per capita cost of the main building, with each man receiving 100% more space in the new hospital.[26]

In addition to describing the financial feasibility of the new hospital, General Hincks included an appeal for its future importance worth quoting at length here:

> The plans have been wrought out with the purpose to obtain the greatest accommodation, healthfulness, and convenience, with the least possible expenditure. . . . It is probable that the number of disabled soldiers who will desire to avail themselves of the benefits of the Home twenty years from now will be quite as large as the number cared for at the present time . . . . Of those who served in the Union armies and survive the war, a large majority were at the threshold of manhood when they entered the service and have not yet reached two score years, and are not so largely represented among those who have heretofore availed themselves of the benefits of the Home, as are the more advanced in life; but as the younger men advance in years existing germs of disease incident to the war will develop, wounds will bring premature dependence, business misfortunes will occur, families will be separated, and many who are now manfully supporting themselves will in their declining years be compelled to avail themselves of this beneficent provision of the Republic for their sustenance and care. And while remembrance of their services and sacrifices is fresh in the minds of the people, it will be well to secure permanent and healthful buildings of sufficient capacity to meet every

[23] NHDVS Board of Managers *Annual Report* (1880): 111.
[24] NHDVS Board of Managers *Annual Report* (1880): 111.
[25] NHDVS Board of Managers *Annual Report* (1880): 112.
[26] NHDVS Board of Managers *Annual Report* (1880): 111. By way of further comparison, Hincks explained that giving each patient the same, inadequate square footage in the new building would cost only $145 each.

> anticipated demand, in the near future, upon the Hospitality of the Home.[27]

The *Milwaukee Sentinel* reported that General Hincks would submit a plan for the new hospital at the meeting of the Board of Managers. The brief article described the building as "cruciform, three stories in height" with a mansard roof on a stone foundation, 132 feet long and proportionately wide.[28] The Board of Managers approved the request for the new hospital at their March 5th meeting, pending the approval of revised plans and specifications.

Although the *Sentinel* initially reported that $60,000 had been appropriated for the new hospital, it seems that the Board of Managers expected revised plans for a less costly structure.[29] A few weeks later the *Sentinel* reported that the plans were to be redrawn to limit the cost to $30,000, with an additional $15,000 for equipment.[30] Final approval was received on May 19th and the work commenced. The *Milwaukee Sentinel* reported: "Yesterday ground was broken for the pavilion hospital building to be erected in connection with the Soldiers' Home. Although not as costly as first planned, the structure will be a very handsome one."[31]

The proposed plans for the hospital elicited detailed comment in the local press, especially regarding use of "the pavilion system so popular in certain portions of Europe."[32] The article went on to state:

> Mr. Koch's drafts present a plant of structures symmetrical and attractive in appearance. The buildings, designed to front due south, comprise a main structure, a rear store-house, kitchen, etc., and two fine pavilions, the latter flanking the main buildings and extending beyond its front, so as to receive the full benefit of sunlight and air.[33]

The hospital was to include a ward for thirty patients on each floor of each pavilion – 120 beds total. A 12-bed ward for "epileptics" – presumably the mentally ill patients – was planned for the third floor of the center administration structure. An operating room, dispensary, and surgeon's rooms were to be located on the first floor in the central building. A kitchen and dining room would be located in the rear. A handful of private rooms for patients were located in various parts of the plan as well. The hospital would include modern plumbing as well as ventilating shafts in the center of each ward – an important aspect of progressive hospital design.

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[27] NHDVS Board of Managers *Annual Report* (1880): 112.
[28] "Plans for Proposed New Hospital Submitted in Washington," *Milwaukee Sentinel* 3 March 1879, 8.
[29] "Plans for Proposed New Hospital Submitted in Washington," *Milwaukee Sentinel* 10 March 1879, 5.
[30] "Cost of New Hospital," *Milwaukee Sentinel* 31 March 1879, 8.
[31] "Ground Broken," *Milwaukee Sentinel* 22 May 1879, 8.
[32] "Hospital Plans Based on European Pavilion System," *Milwaukee Sentinel* 27 May 1879, 4.
[33] Ibid.

Clearly local Milwaukee architect Henry C. Koch (1841-1910) had familiarized himself with the latest forms and features of hospital design, perhaps through Billings' report for the U. S. Marine Hospital Service or other period publications such as Florence Nightingale's treatises. The arrangement of the wards and support spaces, and attention to structural details that could impact medical care reveal knowledge of up-to-date practices. Koch excelled at securing government commissions, successfully winning contracts for courthouses, schools, hospitals, orphanages, asylums, and government agencies throughout the Midwest.[34] Other hospital designs by Koch included an 1874 addition to the Northern State Hospital in Oshkosh, Wisconsin, an 1879 addition to Milwaukee County Hospital, and a number of county insane asylums. Koch is best known locally for the German Renaissance Revival Milwaukee City Hall, built 1893-1895 and still in use.[35] Unlike the conspicuous German identity displayed in the design of City Hall, built at the zenith of German immigrant influence in Milwaukee politics, business and culture, the Soldiers' Home structures designed by Koch and Co. exhibit an assortment of eclectic Victorian architectural modes.

Born in Hanover, Germany in 1841, Koch came to the United States as an infant. His German background linked him to the large population of German businessmen and entrepreneurs who were coming to power in Milwaukee during the last quarter of the nineteenth century. He was educated in Milwaukee schools and learned architecture through an apprenticeship with George W. Mygatt beginning in 1856. Mygatt was Milwaukee's most important early architect, having started his practice in the 1840s. He designed numerous churches, stores, hotels, and residences as well as performing the duties of contractor and real estate investor. This range of projects and roles was an excellent learning experience for the young Koch. Along with Edward Townsend Mix, architect for the Main Building at the Northwestern Branch, Henry C. Koch was one of Milwaukee's most noted and prolific architects.[36] In May 1886, Koch wrote to *Inland Architect* that although there were approximately eighteen practicing architects in Milwaukee "Messrs. E.T. Mix & Co., and ourselves, have done fully three fifths of the entire amount of architecture work in the city."[37] By the 1880s, Mix's career was starting to wane and Koch was in his most productive period.

For the Soldiers' Home commissions, Koch had the advantage of being a veteran himself. He enlisted into the Wisconsin infantry in August 1862 and served as a topographical engineer under General Phil Sheridan from October 1862 until the end of the war. Then he continued to serve as a civilian employee on Sheridan's staff for the

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[34] O'Brien, 23. This study includes an extensive list of projects.
[35] Milwaukee City Hall was designated a National Historic Landmark in 2005. See Quinn Evans, Architects. "Milwaukee City Hall," Milwaukee County, Wisconsin. National Historic Landmark Registration Form, 2004. U.S. Department of the Interior, National Park Service, Washington, D.C.
[36] Joseph Korom, *Milwaukee Architecture: A Guide to Notable Buildings* (Madison, WI: Prairie Oak Press, 1995), xi-xii. The most complete study of Koch's career is William P. O'Brien, *Milwaukee Architect: Henry C. Koch*. MA Thesis: University of Wisconsin-Milwaukee, 1989. Unless otherwise noted, information in the next three paragraphs comes from this work.
[37] "Milwaukee, Wis.," *Inland Architect and News Record* (May 1886): 71.

occupation of Louisiana. Upon return to Milwaukee in early 1866, Koch formed a partnership with Mygatt. In 1870 he established his own practice. Koch was also a charter member of Grand Army of the Republic (GAR) Post No. 1, which was named after early Soldiers' Home advocate E. B. Wolcott. A biographical profile appearing in an 1890 GAR publication listed "the Soldier's Home" first among his prominent public building designs in Milwaukee.[38]

Starting with the new hospital in 1879, H. C. Koch and Company was repeatedly hired to design the new buildings at the Northwestern Branch. After the hospital Koch's firm designed Ward Memorial Hall in 1881, which greatly expanded the recreational facilities for the branch with an auditorium and restaurant space. As the 1880s progressed, Koch and Co. designed numerous structures for the Northwestern Branch, including barracks, an addition for the Main Building, and the chapel.

For construction of the hospital, Koch was participating in a familiar system of submitting proposals for government projects, and then working with local managers and contractors to prepare specifications and execute them. Newspaper articles and the annual reports of the branch Governor provide information, although rather sparse, regarding this process. Because the NHDVS was operating independently of Army Quartermaster General or Supervising Architect of the Treasury procedures for government construction, there does not seem to be surviving correspondence documenting the construction of National Home buildings. Existing information does indicate a process similar to other nineteenth century government buildings, with government officials stipulating budgets and building programs, and local architects and builders bidding on and completing the job with oversight from federal agencies .

The advertisement for contractor bids specified that sealed proposals would be accepted from May 30 until June 7, 1879 at the office of the Northwestern Branch Governor, General Hincks.[39] The plans and specifications were on file for review at the H.C. Koch and Co. offices in downtown Milwaukee. The bids would not include excavation or furnishing brick, wrought iron, and sand – these items would be handled directly by the Home. The Home would also take care of finish work including all painting, glazing, oiling, filling, polishing of woodwork, etc. – as planned by Hincks veteran members would be given these jobs. The general contract went to C.P. Foote of Milwaukee, for the low bid of $25,100. He was chosen over seventeen other bidders. Nic Neuschwander received the masonry subcontract and R. L. Jones the subcontract for the slate and galvanized cornice. The contract stipulated that the building be complete by December 1st.[40]

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[38] "Henry C. Koch," in *Soldiers' and Citizens' Album of Biographical Record.* (Chicago: Grand Army Publishing Company, 1890), 810-811.
[39] "Proposals for Building Hospital Northwestern Branch National Home," *Milwaukee Sentinel* 30 May 1879.
[40] "Contract Awarded to C.P. Foote," *Milwaukee Sentinel* 10 June 1879, 4.

Hincks had begun the excavation in May, so work commenced quickly after awarding the contract. In early July, Hincks fell ill, due to overwork and his own war-related injuries. He was advised by the Branch surgeon to take a leave of absence and he left Milwaukee for the Atlantic seaboard.[41] In his absence, local manager Dr. E. B. Wolcott and a hired superintendent (Koch, according to the August 23rd issue of the *Milwaukee Sentinel*) oversaw construction. On July 29th, approximately 100 local Masons, veterans and guests participated in a formal cornerstone laying ceremony, including placing "historical relics contributed by members of the Home" into the cornerstone. Koch had a prominent role in the ceremony as well, delivering the working tools to Grand Master C. F. G. Collins as part of the extensive ritual of testing the cornerstone and pronouncing it true.[42] Hincks had arranged for construction to continue in his absence and it proceeded without delay. However, purchasing iron pipes and fittings was postponed until his return in mid-September, by which time the price had gone up 50 to 80 percent. Work continued and the wings were ready to receive patients on January 21, 1880. The central administration building was completed and furnished on March 31st.[43]

The hospital was built using the local, yellowish-tan "Cream City" brick, with the symmetrical main façade facing south down the steep slope toward the railroad tracks. The blocky, three-story central administration building was flanked, across wide courtyards, by long ward pavilions with their short ends also facing south. The buildings were Italianate in detail with textured layers of brickwork, bracketed eaves, and two-story verandas with decorative porch posts and brackets. A one-story corridor linked the three sections across the north façade and a free standing kitchen/dining room building stood immediately to the rear. A reporter from the *Milwaukee Sentinel* toured the nearly complete hospital in late February and provided a detailed description of its layout and appointments. He offered high praise for the new hospital, stating "work is far enough along to warrant a description of one of the finest institutions of its kind in the country."[44] The reporter noted the generous windows, providing abundant light and a sense of cheerfulness to the rooms. Each pavilion contained 56 beds, with a nurse's room at the rear of each ward. The discussion of veterans' labor in constructing the hospital is noteworthy here. The 28 employees from the "rank and file" completed tasks ranging from "laying of a fine concrete floor in the basement" to putting up iron stair railings.

The reporter also focused the steward's laboratory, where "all the fluid medicine was being compounded for the patients." He praised the fact that these medicines were produced here, not bought. In this instance the steward, John McAlphane, was making a "tar and cherry pectoral" for the consumptives who resided in Ward D, the second floor of the west pavilion. The report also focused on the efficiency and neatness of the kitchen in the second floor of the rear building, with the 150-seat dining room on the first

[41] Board of Managers Annual Report (1880) p. 112
[42] "Laying the cornerstone at the Home Hospital," *Milwaukee Sentinel* 30 July 1879.
[43] NHDVS Board of Managers, *Annual Report* (1880), 113.
[44] "A Model Institution: The Hospital at the National Soldiers' Home," *Milwaukee Sentinel* 27 February 1880, 5.

floor. The dining room included two large tanks for coffee and tea. Other features of note included a water reservoir in the third floor attic of the administration building, a hot water tank for cooking in the kitchen wing basement, and steam heat provided by the boilers in the Main Building.

The Board of Managers *Annual Report* for 1880 also promoted the success of the new hospital construction: "The building is admirable adapted to the purposes for which it was designed, is perfectly warmed and ventilated, is sufficiently provided with the most modern and improved of hospital conveniences, and has ample capacity for and is now furnished with 160 beds, which number in case of an emergency can be safely increased by at least 200."[45] Army officials who visited the new hospital were said to have praised its simple finish, thorough details, ventilation, and economy. In *Notes on Hospitals*, Nightingale described four key "conditions essential to the health of hospitals": fresh air, light, ample space, and subdividing the sick in separate pavilions.[46] From the period descriptions, the NHDVS and Koch seem to be giving careful consideration to each of these issues. The first and second floor of the wards were carefully separated with staircases positioned to prevent airflow between the levels. Nurses' room and bathrooms were provided for each individual ward and it appears that those with similar illnesses were grouped together. Nightingale also viewed a north/south orientation of the pavilions as ideal, and this happened to be the case for the new hospital.[47] Perhaps this is a coincidence influenced by site topography, or it could be an explanation for the decision to orient the hospital in a very different manner than the east facing Main Building.

The *Milwaukee Sentinel* reporter was also given a demonstration of the ventilation air flues. The air flow from these flues was modulated by a trap door and vented to the exterior by pipes running underneath the building from north to south and east to west. Ventilation was probably the biggest issue in hospital design so it is useful to consider how the Northwestern Branch hospital was ventilated and how that relates to period standards. Nightingale's *Notes on Hospitals* provides copious advice regarding ventilation, mainly in the form of plans or features to be avoided in order to have proper ventilation. Beyond the basic provision that wards be one large room with exterior walls on three sides, Nightingale cautioned that ceilings should be at least fifteen feet high, but only if the windows were correspondingly tall with tops no more than one foot below the ceiling. Wards would not properly ventilate if they were more than thirty feet wide, but too narrow would cause unpleasant drafts over the patient. A center fireplace or flue was considered the best aid to ventilation, and the beds should be placed with the head against the exterior wall and no more than two beds per window. Nightingale much preferred a ward arranged for optimal natural ventilation via windows and fireplaces, as opposed to relying on mechanical ventilation systems that she felt always tended to be inadequate.[48]

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[45] NHDVS Board of Managers, *Annual Report* (1880), 113.
[46] Nightingale, *Notes on Hospitals*, 25.
[47] Nightingale, 19.
[48] Nightingale, 35, 16, 65.

The doctors consulted by the Johns Hopkins trustees all embraced the basic tenets of the "Nightingale ward" but disagreed as to the optimal calculations of cubic footage, opening size, and ceiling height, as well as issues of mechanical ventilation. Dr. Caspar Morris of Philadelphia rejected the assumption of Nightingale and the other Johns Hopkins recruited experts that two story pavilions were more difficult to ventilate properly. He claimed that most miasma moved laterally anyway, so one or two story pavilions had similar ventilation challenges with a need for separation and ample fresh air.[49] Billings felt some mechanical ventilation was important, while other doctors advocated natural ventilation via fireplaces and windows, with radiant heat. As ventilation technology improved later in the nineteenth century, some combination of the Nightingale ward with radiant heat and ventilation fans became the standard, as seen at the Northwestern Branch hospital.

Understanding of contagion in this period linked ventilation and cleanliness in an imperfect manner, but the basic concept of keeping hospital interiors as clean as possible was sound. The minimalist, aseptic approach to hospital interiors continued to be the standard into the twentieth century.[50] Nightingale and other nineteenth century hospital reformers promoted this ideal decades earlier, with calls for washable painted walls, impermeable floors, and iron bedsteads with hair mattresses. All of the Johns Hopkins experts strongly advocated interiors with rounded corners, easy to clean surfaces, and oiled or waxed hardwood floors that would resist absorbing dangerous dirt and smells. In practice, the Victorian fashion for embellished interiors made this ideal elusive. According to Rosenburg, the application of antiseptic procedures was uneven and imperfect until the 1890s.[51]

An early interior view of the Northwestern Branch hospital published in a souvenir booklet for the Home in 1881 shows the persistent combination of medically sound design and popular interior decoration.[52] This rendering shows an open, airy ward with very tall windows (Figure 1). A large fireplace stack is in the center of the room for ventilation. Iron bedsides are arranged with the heads along the exterior walls between the windows. All of these features corresponded with current recommendations, although the window bays may have been debatable. Also significant are the domestic touches that were probably considered homey and appropriate, but not consistent with maintaining antiseptic conditions. These include elaborate plants stands and other furniture, plants and knickknacks on the mantel, and louvered shutters on the windows, all areas where dirt and germs could collect. The hospital included a small psychiatric ward on the third floor of the administration building, an operating room on the first floor

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[49] *Hospital Plans*, 182.
[50] Thompson and Goldin, 36; for Nightingale on materials for walls and floors, see *Notes on Hospitals*, 68-70.
[51] Rosenburg, 148. This was in spite of British surgeon Joseph Lister's work on the antiseptic properties of carbolic acid being well-known since the 1870s.
[52] *National Soldiers' Home Near Milwaukee*. Milwaukee: National Soldiers' Home, 1881.

of the same building, a dispensary, library, and offices for the surgeon and stewards. It was common for staff to live in the hospital during this period.

The new Northwestern Branch hospital received changes and additions starting almost immediately after its completion. The Board of Managers report for 1882 (covering the fiscal year July 1881-June 1882) noted:

> A second story has been added to the corridors connecting the wings with the central building and kitchen of the hospital; this is a much needed improvement as it lightens the labor consequent upon waiting on so many invalids. The cost was $2,350.[53]

Richard Riesen was the contractor for this project.[54] The architect was the prominent Milwaukee architectural firm of E. T. Mix & Co..[55] Edward Townsend Mix designed the Main Building in 1868.[56] It is interesting that this rival firm was commissioned to make relatively small change to Koch's hospital building just a few years after its completion. Having two-story corridors would make circulation around the hospital more efficient while still maintaining separation between the wards.

The National Home was expanding many of its hospital facilities in this period. Rather than slowing as originally expected, the demand for the National Homes continued to grow as the Civil War veterans aged and Congress broadened admission requirements. The Board anticipated this change in its 1883 report while requesting funds to enlarge the Central Branch hospital in Dayton, Ohio and build a new one at the Southern Branch in Hampton, Virginia. The report read: "The Board believes these constructions are necessary for the comfort of the members of the Home, and it must be conceded that an institution like the National Home must in time become an enormous hospital, so that there is no danger that the buildings proposed will be out of use in the near future."[57] In 1884 there was a major expansion of the eligibility for the NHDVS branches. Previously proof had to be provided that one's disability was a direct result of military service. Now any honorably discharged Union veteran was eligible for admission, as well as veterans of the War of 1812 and the Mexican War. As previously self-sufficient veterans became disabled due to various causes, including the long term effects of their military service or simply old age, the demand for Soldiers' Home admission grew rapidly.[58]

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[53] NHDVS Board of Managers, *Annual Report* (1882), 96.
[54] Contract (17 May 1882), Historical Collection, Zablocki VA Medical Center Library.
[55] "Costly Buildings Contracted for and Being Built," *Milwaukee Republican-Sentinel* 10 July 1882, 7. In a bit of hyperbole, this project is listed as a "new hospital for the Soldiers Home" costing $3,000. This article also lists a number of residential and commercial projects for H.C. Koch & Co.
[56] See HABS No. WI-360-A for an account of Mix's work on the Main Building.
[57] NHDVS Board of Managers, *Annual Report*, (1883), 3.
[58] Kelly 128; Judith Gladys Cetina, "A History of the Veterans' Homes in the United States, 1811-1930," (Ph.D. dissertation, Case Western Reserve University, 1977), 171, 167. Disabled veterans of the Mexican War and War of 1812 were first eligible in 1871, but there was some confusion regarding how to interpret the law requiring proof of service-related disability.

The NHDVS established the Western Branch in Leavenworth, Kansas during the mid-1880s and continued to lobby Congress for appropriations to expand medical facilities at the existing branches, particularly the Southern and Central. Their *Annual Report* for 1886 (fiscal year July 1885-June 1886) stated:

> It is apparent to the Board of Managers that the Home is gradually becoming a great hospital. The necessity for increased hospital accommodations is more urgent every year as the age and disabilities of the members increase. In all of the branches the hospitals are overcrowded, and men who ought to be in hospital have to be cared for in barracks not built or arranged for sick men. There is much suffering caused by the inadequate hospital accommodation which ought to be alleviated if possible. The increase in the ages of the men, the fact that their diseases become chronic as they grow older, that the diet must be different from those who can live in barracks, that in time they become bed-ridden, all these require that the hospital shall soon become the ruling feature of the Home.[59]

The report went on to say that although the Northwestern Branch hospital was currently "inadequate for the requirements, [it] is susceptible of enlargement without great cost."

Congress appropriated $150,000 on June 30, 1886 for new barracks at the Northwestern, Western, and Southern Branches. The Board of Managers noted that these buildings were "constructed with the view of making the new barracks virtually additions to the hospitals."[60] Arranged parallel to the existing ward pavilions at the Northwestern Branch, the long brick structure was literally connected to the hospital and featured wide covered porches on all sides. The new west wing is labeled "Convalescent Camp" in a photograph published in an 1889 souvenir booklet of the Northwestern Branch (Figure 2). It functioned as a dormitory annex to the hospital, housing up to 230 veterans with chronic illnesses such as tuberculosis. This wing included two boilers in the basement which would heat the entire hospital. A portion of the basement was also designed as a morgue. A newspaper account of an inspection trip by the Board of Managers noted that Home Engineer Charles Hickman was supervising construction of the $40,000 addition, which was began on September 1, 1886. It also mentions a decision to expand the dining room by forty feet, but it is not clear if this was actually undertaken.[61] A few years later upon taking over for Governor Jacob Sharpe, Governor Kilburn Knox complained that

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[59] NHDVS Board of Managers, *Annual Report*, (1886), 3.
[60] NHDVS Board of Managers, *Annual Report*, (1887), 4, 2.
[61] "Inspecting the Home," *Milwaukee Sentinel* 30 September 1886, 3. It is not clear whether Hickman also designed the addition. Early that year, the *Milwaukee Sentinel* published an article with local architects lamenting the lack of work due to labor unrest. Perhaps Northwestern Branch officials decided to do the entire construction with members in order to avoid labor problems with the local construction trades. See "Among the Architects," *Milwaukee Sentinel* 4 June 1886, 3. In this article Koch is quoted as saying he is working on plans and specifications for heating and ventilating a hospital in St. Louis.

the numbers of sick members listed for the Northwestern Branch were artificially large due to the convalescent wards. He claimed too many members who could care for themselves were being waited on in the convalescent wards.[62]

By 1890 the older method of having more robust veterans help care for their ill counterparts was becoming impractical. During the mid-nineteenth century it was quite common for ambulatory patients in hospitals to be expected to help out with cleaning or nursing. Most ward patients were indigent and medical care was more basic, creating an expectation that those receiving charity could assist with simple tasks. By the 1880s, rising standards of professionalism were gradually discontinuing this practice. In the National Homes, this shift coincided with a general shortage of veterans able to perform the necessary work, due to age and increased infirmity. The Board of Managers minutes include frequent references to the growing need to hire paid civilians to perform many duties previously handled by resident veterans.

For the Soldiers' Home hospitals, the big change was the introduction of female nurses into an all-male institution. Initially promoted by Florence Nightingale, trained female nurses had made inroads into hospital work in the post-Civil War years. Previously nursing was equivalent to domestic service, with male or female employees only handling patients of the same sex. With more training and professionalism came the growing "contemporary assumption that there was a necessary and laudable conjunction between femininity and nursing; the trained sensibility of a middle class woman could alone bring order and morality to the hospital's grim wards."[63] The first nursing schools in the United States were founded in 1873, making the profession of nursing acceptable for respectable women.[64] The transition to predominantly female nurses was slower for an overwhelming male place like the Soldiers' Home hospital. In 1890 Governor Knox reported:

> At the suggestion of Col. John L. Mitchell, local manager, the Board approved of the employment of women nurses in the hospital, and I was authorized to make a contract with the Milwaukee Woman's Training School to employ 10 nurses in the hospital. They came in the Home on May 15 and took charge of the nursing in the hospital. I believe this institution is the only one of the kind where female nurses are employed, and I am perfectly satisfied from personal examination and inspection that their services are, and will be, of great benefit to the Home.[65]

Not only was conventional wisdom shifting in favor of nursing as work best done by women, but the inexpensive labor of female nurses relative to their male counterparts

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[62] NHDVS Board of Managers, *Annual Report* (1889), 90.
[63] Rosenberg, 212.
[64] Rosenberg, 216. Prior to this time, some hospitals instituted their own training programs for nurses.
[65] NHDVS Board of Managers, *Annual Report* (1890), 89.

appealed to administrators. The Board of Managers President W. B. Franklin commented favorably on the early experiments with employing female nurses:

> The time has nearly arrived when the service in the hospitals must be done by civilian employees. The same remark holds good as to all the service at the Home hitherto performed by members. . . , but it is more painfully apparent in the hospitals. The experiment of the employment of women nurses is going on at the Central, Northwestern, and Western Branches. So far the results have been excellent. The wards are neater, the patients are more kindly treated, the service is more refined, the surgeons find that their instructions are more faithfully observed, and the patients highly appreciate the change.[66]

Dr. Patten, a surgeon from the Central Branch, reported on the female nurses at the Northwestern Branch after observing them for three days in late September 1890. The nurses were students of the recently established Wisconsin Training School for Female Nurses, under the supervision of a Miss Melrose. The arrangement with the Northwestern Branch provided needed hospital nursing jobs for her students. The ten nurses provided to the Northwestern Branch cost $125 per month and each was given one meal daily. The eight day nurses and two night nurses took care of about 125 patients. This type of apprenticeship arrangement was common in the medical profession during the late nineteenth century, with the school keeping the nursing fees in exchange for the training. Dr. Patten observed that scrubbing and cleaning was done by members. Each ward had one head and one assistant nurse in the daytime, with an orderly to assist the nurses with serving meals and emptying slop jars. Two wards had a nurse assisted by an orderly at night. Dr. Patten went on to describe the work of the nurses in detail:

> The officers of the Home and the patients express satisfaction with the work and the wards presented the neatness that only the delicate touch of woman produces. I inquired of the superintendent and nurses as to the reception and treatment they received from the patients, and their testimony was unanimous that they had been, with the exception of two partially insane members, treated with courtesy and their services received with expressions of gratitude. They take charge of all patients, except venereal cases. They bathe and dress their patients (screened from others), administer enemas, and do everything that is expected of nurses.[67]

Dr. Patten goes on to directly address the question of whether the woman nurses could properly be expected to do work previously done by men.

> Men have not made nursing a matter of training, and it is the common experience of hospital surgeons that, as a rule, a man who is willing to

[66] NHDVS Board of Managers, *Annual Report* (1891), 11-12.
[67] NHDVS Board of Managers, *Annual Report* (1891), 84.

> take up nursing for $20 or $25 per month is not much good for that or anything else. It is surprising to the uninitiated how easily a trained female nurse will dress, take up, and put to bed a heavy, helpless man. It is an art learned in their training schools.[68]

Apparently with the exception of venereal disease cases, the NHDVS followed the Northwestern Branch's lead and quickly embraced the usefulness of female nurses for their hospitals.

In the 1890 report to the Board of Managers, Governor Knox quoted from the head surgeon's report regarding over crowding the past winter in both the hospital and convalescent company, to the extent that some men slept on the floor. The surgeon, Dr. W. H. Leighton, wrote: "Undoubtedly the same condition to a greater extent will exist the coming winter. I am sure something to relieve the pressure ought to be done at once, and, therefore urgently recommend that an annex or extension to the hospital be made as soon as practicable."[69] The 1893 Board of Managers *Annual Report* mentions of a special appropriation that included funds for an extension to the Northwestern Branch hospital. However this structure was not actually an addition to the existing hospital structure, but an adjacent barracks building designated an "old men's ward."[70] As described in the subsequent *Annual Report*:

> The hospital extension was completed at a cost of $20,000, furnishing quarters for 105 men. This building is devoted to the use of the extremely old men of quiet habits; it is somewhat better equipped than other barracks, there being more space for each man; is provided with kitchen and dining room, and the diet is of a lighter quality than is furnished at other tables. It is more homelike in character than any other barrack, and its occupants much more happy and contented than when scattered about among the younger men of the Home."[71]

This service was seen as an extension of the convalescent areas of the hospital, but this barrack structure (now demolished) was completely separate and located just west of the hospital. The mix of acute, chronic and convalescent care needed by the Home members brought all of these issues under the umbrella of veterans' hospital care.

Stereoscope images from the late 1880s show the hospital with its original three part plan and the additional brick wing at the west. Various veterans are visible sitting on the generous porches or lounging out by the road (Figure 3). A more distant view published in 1894 is again labeled "Hospital and Convalescent Wards," emphasizing both the acute and chronic medical care required by the resident veterans. The west addition is

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[68] NHDVS Board of Managers, *Annual Report* (1891), 85.
[69] NHDVS Board of Managers, *Annual Report* (1890), 90.
[70] NHDVS Board of Managers, *Annual Report* (1893), 66.
[71] NHDVS Board of Managers *Annual Report* (1894), 73.

hidden by the trees, but the original hospital stands solidly on the hillside. A map prepared by Chicago, Milwaukee, and St. Paul Railroad the right of way through the Northwestern Branch groups shows a complete footprint of the hospital, including the west addition and the kitchen/dining ell to the north.[72] Writer Elizabeth Corbett included a perceptive assessment of the relationship between the Home members and the hospital in her memoir of her childhood at the Milwaukee home (between 1891 and 1915):

> The old soldiers disliked and distrusted the Hospital, though they had the attention there not only of a staff of surgeons and male orderlies but of very competent and personable trained nurses. It is easy to understand their slant. They knew that in the long run they would die in that hospital, and to enter it seemed to them the first step to the cemetery. Moreover, they had not been used to hospital care in their lives before they entered the Home; and many of them had a rooted idea that the doctors did strange things to their patients for their own amusement.[73]

Corbett's description of the skepticism of the soldier patients echoes other contemporary accounts of mistrust of doctors and hospitals, chiefly because the concept was so unfamiliar to most.

Starting in 1894, the Army Inspector General starting doing annual inspection tours of the National Home branches and issuing detailed written reports. These, along with descriptions published in period souvenir booklets provide a useful look at the arrangement and daily routine of the hospital. A circa 1895 booklet includes panoramic photographs showing the hospital from the south and the west. The hospital and convalescent wards are described as "four immense two-story brick buildings, joined together by large airy corridors." The hospital contained 150 acute patients while combined with the various convalescent wards and companies there were nearly 500 men under the care of the three Branch surgeons. Each morning at 8:20 one of the surgeons presided over "sick call," which usually involved handling the slight ailments of nearly 100 veterans. Those present at sick call with more serious conditions were temporarily relocated from regular quarters to the hospital. After the acute condition improved the member was moved to a convalescent company, and perhaps back to regular quarters upon full improvement. Corbett's description of sick call suggests that regular attention and medicine from the on duty Assistant Surgeon kept many of the veterans from taking up too much hospital time with minor ailments.[74] The hospital did include some special wards for specific conditions – such one for exclusive treatment of patients with cancer, necrosis (death of living cells and tissue) or similar conditions. Other specialized care included a rather grim approach to mental health, which involved confining Home inmates showing signs of insanity in a special area. The description rather cavalierly

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[72] Zablocki historical collection
[73] Elizabeth Frances Corbett, *Out at the Soldiers' Home: A Memory Book* (New York: D. Appleton Century Company, 1941, reprinted in 2008 by Acta Publications and the West Side Soldiers Aid Society), 140.
[74] Corbett, 141.

states that "when a dozen or so are collected," the group was sent to St. Elizabeths, the Federal insane asylum in Washington, DC. The booklet text also describes the positive influence of the new women nurses on the patients:

> This new departure has proven to be a source of great comfort and benefit to the unfortunate. Under this arrangement marked improvements have appeared; the men are more careful of their appearance, habits and conversation; they are more contented, knowing that certain help and skilful attendance is always at hand, and they are encouraged and sustained by the watchful women in the few activities and diversions left to them, and, above all, reliable attention is paid to the temperature and ventilation, of such deep and immediate influence upon flickering lives.[75]

The emphasis on temperature and ventilation as part of patient care indicates the still limited range of medical techniques in this period. The description goes on to praise the hospital drug store and dispensary, purveyor of "nothing but the best wines, brandies, and whiskies" for medicinal purposes.

The 1895 inspection report by Inspector General J. C. Breckinridge assessed the overall hospital system for the National Homes:

> The construction, appointments, and facilities of the hospitals are in the main praiseworthy, and the management and care of the sick deserve more than passing notice. Under the law, every member of this institution is, when admitted, more or less disabled, and as the infirmities of advanced age continually encroach upon the constitution, it will be but a question of time when these Homes will be converted into vast institutions for helpless and feeble old men; and this prospect may well be borne in mind if the present plant it to be increased. Even now the hospitals hardly accommodate all the sick and demented; and other buildings and rooms have been called into requisition for the use of the so-called convalescents who are often incurables and should be housed with special care and conveniences.[76]

Breckinridge praised the branch surgeons and their methods, but lamented the lack of a central medical authority for the National Homes, similar to the Army Surgeon General. At the Northwestern Branch, Breckinridge found everything at the hospital be in "good police." The issue of insane patients remained problematic, although the "ward for the demented was a noticeable relief since the past year." He described the facilities as including a "restraint ward and two isolation rooms, though many of those classed as not entirely sane are harmless old men whose mental condition is the result of old age, and

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[75] 1895 booklet, 6. The nurses lived at the Training School on Sycamore Street and were transported back and forth for their shifts by the Home.
[76] *Inspection Report*, (1895), 8.

therefore incurable, and who are cared for in the hospital and convalescent companies and isolated as little as possible."[77]

Subsequent inspections during the 1890s provide additional details regarding patient care and room use at the Northwestern Branch hospital. The north half of the west wing was designated for convalescents, in addition to the separate barrack. This wing also contained the insane ward, which included "a restraint ward of 12 beds, closet and bath, and what is called the untidy ward of 31 beds, with two small rooms and one padded room. There [was] one strait-jacket, but no cells for close confinement."[78] The 1898 inspection noted that a better arrangement was needed for insane patients to prevent their noise from disturbing others. The basement spaces were used for a laboratory, storage of medical supplies, baggage, and soiled linen. The attic was used to store screens and furniture. Each of the seven medical wards (designated A through G) had a porcelain-lined bath tub; the convalescent ward had two. Two special bathtubs were used for "hot air sweat bath" and "electric bath" treatments. Apparently these treatments were devised by one of the branch surgeons, Dr. Clarke, and resulted in some "surprising recoveries."[79] Three additional bathtubs were reserved for the surgeons and male staff.

At the turn of the twentieth century the hospital received some changes and upgrades. During the annual inspection in September 1900, a "new drug department" was under construction off the first corridor to the east.[80] The Board of Managers *Annual Report* for 1901 described the additional as "furnishing a fine dispensary and compounding room, with a well-lighted and airy room in the basement for the quartermaster's drug store, the second story being fitted up for quarters for assistant surgeons and internes [sic]."[81] The addition only cost $2,777, so perhaps materials or labor were acquired on site that do not figure into this cost total. Medical technology was changing rapidly in this period as well and the Board of Managers report listed new equipment:

> . . . principally a multinebulizer for throat and catarrhal troubles and a static electric machine for various rheumatic and nervous diseases and for X-ray work. Both of these machines are proving of great value in the treatment of the various cases for which there seems to be no help from ordinary medicines.[82]

In bringing in this new equipment, particularly a means to utilize the recently discovered X-ray, the National Home hospitals were remaining up to date on the latest medical techniques. Also in 1904 the third floor of the central administration building was redone as a modern surgical suite, with an operating room and surgical ward. An elevator was

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[77] *Inspection Report*, (1895), 34.
[78] *Inspection Report*, (1896), 30.
[79] *Inspection Report*, (1899), 21. See also Inspection Reports for 1897 (page 45) and 1898 (page 23).
[80] *Inspection Report*, (1900), 45.
[81] NHDVS Board of Managers, *Annual Report* (1901), 80.
[82] NHDVS Board of Managers, *Annual Report* (1901), 80.

also added running from the basement to third floor. The kitchen was enlarged and a connecting corridor added from the dining room to the west end of the hospital (it is not clear whether this corridor is still extant).[83] According to historian Jeremy Taylor, this period saw a number of major advances in medical understanding and technology – for example, germ theory and the concept of asepsis in avoiding infection were fully accepted by the early twentieth century. Anesthetics were now universally applied and there was an increasing sophistication in specialized medical equipment, as seen in the recent addition of a nebulizer and X-ray to the hospital. However, the now traditional pavilion plan was still in many ways the preferred hospital form. In spite of advances in medical technology and understanding, common diseases such as tuberculosis still required fresh air for treatment, reinforcing the continued usefulness of the Nightingale ward model.[84]

As the early twentieth century continued, requests were made for a few minor upgrades to the hospital, such as electric elevators installed in 1910.[85] A dormitory building for the female nurses was built in 1909, further formalizing their role at the Home.[86] The *Inspection Report* for 1909 noted that the "hospital was in good condition and the patients were apparently well cared for," but expressed concern about inadequate facilities for tuberculosis patients:

> The provision for the care of tuberculosis patients is not good. The patients are now segregated on a porch inclosed [sic] with screens and glass, but it is impossible to prevent them from mixing with other members of the hospital and the home. A pavilion for the care of tuberculosis patients should be built, or, what would be better, arrangements should be made for transferring all tuberculosis patients to one branch.[87]

Around this same time, the Board of Managers did pass regulations indicating that tubercular patients at the Marion, Danville, Western and Northwestern Branches be sent to the new Battle Mountain Sanitarium in South Dakota. Tuberculosis sufferers residing at the Eastern, South and Central Branches were to transfer to the also recently completed Mountain Branch in Johnson City, Tennessee.[88] The surgeon and assistant surgeons at the Northwestern Branch continued to provide a variety of care, including safer and more sophisticated surgical treatment. In 1911, the most common procedures were indicative of the aging patients, such as 26 hernia operations, 36 facture treatments, and 53 bladder

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[83] NHDVS Board of Managers, *Annual Report* (1904), 80.
[84] Taylor, 8.
[85] NHDVS Board of Managers, *Annual Report* (1910), 136.
[86] NHDVS Board of Managers, *Annual Report* (1909), 129. This same report listed an "addition to hospital" that cost $42,542.03 (page 180). It is unclear whether this refers to the nurses' dormitory, although the cost figure seems rather high for a two story wood frame structure.
[87] *Inspection Report*, (1909), 32.
[88] Julin, 32-33.

lavage procedures. The branch surgeons also performed a number of minor ear operations, and eye operations including cataract removal.[89]

The aging of the member population and the steady decrease of their numbers presented a particular challenge to the NHDVS. More costly medical care was needed, increasing per capita costs. However general interest in expansion and maintenance of the existing buildings was waning. Major W. H. Gordon noted in his 1912 *Inspection Report*:

> The matter of larger appropriations for the maintenance of the medical department of the home, including special diet, and for increasing the facilities for the care of the very aged and convalescents, is recommended for consideration, in view of the fact that the time is now at hand when for the majority of its membership the home must be regarded as a hospital rather than a barrack, and a rapid increase in the number of members requiring medical care and assistance must be expected.[90]

The Northwestern Branch hospital was viewed as well managed, but old and in need of painting, upgraded plumbing fixtures, and new steel ceilings instead of plaster. This situation persisted until the advent of World War I. Now rather than slowly becoming obsolete through age and deferred maintenance, the Homes would need to serve a new generation of disabled veterans.

The great influx of new veterans, many young men with acute medical or psychiatric conditions, tested the capacity of the entire federal veterans' benefits system. At this time the NHDVS and the Bureau of Pensions were the two federal entities serving veterans. In 1917 Congress passed an amendment to the War Risk Insurance Act that established vocational and medical benefits for those with service-related disabilities and a low-cost insurance system for the totally disabled veteran and his dependents. The Public Health Service and contract hospitals were enlisted to quickly expand capacity. In 1921 Congress directed the Treasury Department, in its capacity to design and build federal structures, to establish additional facilities for the NHDVS. Immediately there was concern about inefficiency and duplication of effort, so the Veterans' Bureau was established to oversee the various laws pertaining to World War I veterans.[91] The Treasury Department also commissioned a group of consultants, led by tuberculosis authority Dr. William Charles White, to analyze the various federal hospital systems and make recommendations. Dubbed the "White Committee," this small group of mainly private sector doctors was charged with looking at the Federal hospitals in a holistic manner – including Treasury Department (Public Health Service, Office of the Supervising Architect, and Bureau of War Risk Insurance), Army, Navy, Department of

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[89] NHDVS Board of Managers, *Annual Report* (1911), 134.
[90] *Inspection Report*, (1912), np. Northwestern Branch hospital information is on page 33.
[91] Julin, 34-35.

the Interior, and NHDVS. They were to assess current capacity, present and future demand, and the best means of expansion to meet this demand.

The *Report of the Consultants on Hospitalization* was published in 1923 after two years of study.[92] The report acknowledged that the National Homes would provide a capacity for and experience with domiciliary (or live-in) care that would be important going forward. It also made specific hospital expansion recommendations. The Northwestern, Central, Western, Marion and Battle Mountain Branches all received new tuberculosis hospitals, ranging in size from 500 beds for Milwaukee to 100 for Battle Mountain in South Dakota. The Marion Branch was slated to receive a small neuropsychiatric ward. [93] Early appropriations of over $5 million were made on June 27, 1921 to commerce work on the Milwaukee, Dayton, and Marion hospitals, jumpstarting the process with new facilities on government-owned property. Ultimately this report recommended expansion of the NHDVS, but also a new emphasis on outpatient care that deemphasized the institutional model of the NHDVS. The study seems to have planted the seed for the modern Veterans' Medical Center system and the disbanding of the older NHDVS and Pension Bureaus in favor of a new federal entity, the Veterans' Adminstration.

The new tuberculosis hospital built in 1922-23 at the Northwestern Branch was thus part of a national effort to improve care for World War I veterans undertaken at the request of President Harding. Accordingly to a history of the Branch published in 1924:

> At the close of the World War, it became evident that the Government must provide additional hospitalization for the large amount of tubercular patients produced by the effect of trench and noxious gas warfare suffered by our army in France and Germany, and a bill was introduced in Congress, known as the "Langley Bill," providing for the erection of five hospitals in the country for the exclusive treatment of that terrible disease.[94]

The cornerstone was laid on February 26, 1922 and work proceeded rapidly. The White Committee pointed out that locating the new hospital on at the Milwaukee National Home offered a number of advantages. The existing utilities and support structures such as the theater, chapel and library would reduce costs. The current general hospital would be closely available for any tuberculosis patients needing medical or surgical treatment. It was also considered convenient that the veterans would be close to residential care when their period of hospitalization was over. The Milwaukee hospital was located on the far south side of the site, across the railroad tracks and the lake from the rest of the structures. The project would cost $1.4 million and include administration, service and

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[92] U.S. Treasury Department, *Report of the Consultants on Hospitalization Appointed by the Secretary of the Treasury to Provide Additional Hospital Facilities* (Washington: GPO, 1923).
[93] *Report of the Consultants on Hospitalization*, 22, 26.
[94] Johnson, 76.

ward buildings, an addition to the nurses' quarters and four double dwellings for medical officers' quarters. The hospital itself was built from standard plans prepared for the consultants by the Office of the Supervising Architect and H. I. Schenck of Schenck & Williams, Dayton, Ohio.[95] Scott & Mayer, a Milwaukee architectural firm, worked with Schenk & Williams to execute the standard plans. H. Schmitt & Son of Milwaukee served as the general contractors.[96]

The majority of the hospital consisted of an administration building, service building, and four two-story "Infirmary Buildings" containing wards, all connected by corridors in a manner reminiscent of the pavilion plan used for the 1879 hospital. Two additional "ambulant buildings" served as convalescent facilities with semi-private two-bed rooms and sleeping porches. The complex included its own dining facilities, library, billiard room, occupational therapy, and theater, finally achieving the separation of tuberculosis patients noted as lacking in the general hospital inspections.[97]

The extensive souvenir history of the Milwaukee Home published in 1924 also included information about the 1879 general hospital. The general hospital was renovated, with improved kitchen and dining facilities, around this time and perhaps the photos in this booklet show the changes. The description of the general hospital reveals both its arrangement and the increasing sophistication of medical procedures and laboratory testing.[98] Rooms for "laboratory examinations of various kinds, both clinical and bacterial" were located in the central administration building along with the various staff offices. The description also noted that the milk was tested every morning and the laboratory performed "Wasserman's blood test," an antibody screening test for syphilis developed in 1906. During 1923 there were 24,746 tests performed in the laboratory in addition to "constant research work." Along with seventeen staff medical officers, consulting specialists were available in surgery, eye, ear, and nose, genito-urinary, and neuropsychiatry. The hospital had complete x-ray equipment, including bedside machines, which were used 2,389 times in 1923. In addition to numerous minor operations, 692 major operations were performed that year with a 95 percent success rate. This increased emphasis on surgery and laboratory testing was consistent with medical trends of the 1920s.

The interior photographs published in the 1924 booklet are particularly useful. They include a view of the dining room that shows simple wood tables and chairs in a bright airy room with a hexagonal tile floor and pressed tin ceiling. A row of hinged open skylights runs down the center of the room. Other interior views show specialized treatment rooms such as hydrotherapy, electro-therapy, the genito-urinary clinic, eye, ear, nose and throat clinic, dental clinic, and an operating room. Most of these spaces had pressed tin ceilings and plaster walls, with the exception of the tile walls and floor in the

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[95] *Report of the Consultants on Hospitalization*, 48-49; 16.
[96] Tom L. Johnson, *Souvenir History – Northwestern Branch of the National Home for Disabled Volunteer Soldiers*, (Milwaukee, WI, 1924), 76.
[97] Johnson, 78.
[98] Johnson, 53.

operating room. A view of the "surgical convalescent ward" appears to show one of the original wards with the addition of a ceiling fan, wall mounted radiators, and white iron bedsteads. The Victorian plants, knickknacks, and shutters have been removed in favor of a plainer aesthetic (Figure 4).

The debate regarding the future of federal veterans' services continued through the 1920s. Some administrators believed that domiciliary care would be gradually discontinued as World War I veterans were healed and returned to their communities. However in spite of efforts in this direction, NHDVS Board President George H. Wood pointed out that "there were thousands of cases that could not be rehabilitated, and . . . the country faces the same situation in the matter of permanent care that was faced after the last two wars of the Republic, with a largely increased number of beneficiaries."[99] Wood did also note that 30 to 40 percent of the members required hospital treatment. The branch hospital would remain an important aspect of care for the NHDVS. At the Northwestern Branch during fiscal year 1927, there were 573 hospital patients and 795 domiciliary members, with presumably some fluidity between the two categories given the age range of members from 19 to 96.[100]

Around this time members of Congress began advocating for restructuring federal veterans services. The three different agencies serving veterans – the National Home for Disabled Volunteer Soldiers, the Pension Bureau, and the Veterans' Bureau – struggled to settle on the most effective way to meet the growing needs. President Hoover appointed a committee with representatives from all of these groups to consider alternatives. Various restructurings were considered; the most straightforward and ultimately successful proposal combined all three agencies under a new Veterans' Administration. This proposal was approved by Congress on July 3, 1930 and instituted through an executive order. The NHDVS Board of Managers resisted the initial proposals, but finally their eleven branches were folded into the new VA. The NHDVS was no longer an autonomous agency; now their primarily domiciliary services were just one of many offered by the Veterans' Administration.[101]

In 1931, Congressional Representative John C. Schafer was joined by the American Legion in lobbying for expanded hospital facilities at the Northwestern Branch. Although now part of the new Veterans' Administration, the identity of the NHDVS sites was still strong at first. While Wood and other former Board of Managers officials emphasized their role in domiciliary services, overcrowding prompted this call for a new 500-bed hospital.[102] In 1933, a hospital "Annex No. 2" was constructed just south of the

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[99] NHDVS, *Report of the Board of Managers for the Fiscal Year Ended June 30, 1927* (Washington, DC: Government Printing Office, 1928), 4.
[100] NHDVS, *Report of the Board of Managers for the Fiscal Year Ended June 30, 1927* (Washington, DC: Government Printing Office, 1928), 96-97.
[101] Cetina, 382-383.
[102] "Constructions at Soldiers' Homes," Hearings before Subcommittee No. 1 Committee on Military Affairs House of Representatives, 71st Congress, Third Session, (10 February 1931), Washington, DC: GPO, 33-34.

Ward Theater. The 1879 hospital became "Annex No. 1," with the west wing used as quarters for Company No. 8. In 1938 a new 300-bed general hospital wing was dedicated at the west side of the tuberculosis hospital and the 1879 hospital was completely converted to domiciliary use.[103] This marked the complete shift of further medical facility development away from the historic core of the campus and to the south area facing National Avenue. The former Northwestern Branch became known as the Wood, Wisconsin station of the Veterans' Administration and the 1879 hospital was designated Building No. 6 after World War II. The large general and surgical hospital was built in 1966 immediately east of the other twentieth century facilities. Building No. 6 is now partially renovated into office space for a Veterans' Affairs Regional Office.

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural character: The hospital is a pavilion plan structure of two and three story brick wings connected by lower corridors. The original building includes a central administration building with flanking ward wings executed using Italianate and other Victorian eclectic detailing. The 1886 convalescent wing added to the west end has simple Queen Anne touches and prominent two story open porches. The various rear service wing structures projecting from the central administration building are more utilitarian, particularly the flat roof sections built during the early twentieth century.

2. Condition of fabric: Good. The hospital retains many original exterior features and it is maintained for use as office space. The interiors have been more heavily altered, but some historic details remain.

B. Description of Exterior:

1. Overall dimensions: The hospital, including all wings and ells, is approximately 370 feet wide and 302 feet deep.

2. Foundations: The hospital has exterior tan sandstone foundations that are approximately four feet high. The rusticated stones are laid in a random ashlar pattern. The top course is a more uniform row of large rusticated stones. The exterior foundation for the convalescent wing is similar, but the stones are more smoothly dressed. Areas of the connecting corridors and service wing have brick foundations with a dressed stone water table. Some of the later additions to the service wing have a random ashlar stone veneer on the exterior foundation.

3. Walls: The hospital walls are constructed of the local yellowish-tan brick known as Cream City brick. In areas with exterior porches, mainly on the convalescent wing and

[103] David Reed, Doug Ryhn, et al, Clement J. Zablocki Veterans Affairs Medical Center History – Historic Preservation Plan, (PDI, 1992), 67.

the south façades of the ward wings, the brick has been painted white. The brick is laid in a simple six to one common bond, with the exception of the 1886 convalescent wing which has a stretcher bond. The wall surface of the original 1879 wings is enlivened by numerous full-height bays with canted sides. The central administration building has some additional wall details, such as string courses. A smooth thin sandstone string course, approximately four inches high, runs along the level of the first floor window bottom sill. The window openings at each of the three stories have a string course running between the tops. The string course is formed by a row of vertical bricks turned at a forty-five degree angle with a square block of smooth sandstone at the wall ends. An additional, entablature-like belt course is located at the second story window sills. It includes a course of sandstone supported by three corbelled courses of brick, a wider, flat area of bricks and two courses of projecting brick.

4. Structural system, framing: The hospital has load bearing brick walls supported by a stone foundation and brick piers. Some later additions have metal support columns. The roof has a wood structural system of common rafters with a ridge board in some areas and wood truss beams in others.

5. Porches: The hospital has a number of different porches, porticoes and stoops, both original and additions.

Center Portico - The central administration building has an elegant one-story Classical portico at the main entrance on the south façade. The wood portico has an entablature supported by four wood Doric columns – one at each front corner and two closer to the wall flanking the doorway. The frieze is unornamented and rounded dentils support the upper cornice. The underside of the flat portico roof is sheathed with beadboard at the center, and recessed rectangular coffers between each column. The top of the portico is lined with an elaborate wrought iron balustrade with a latticework of stylized palm leaves topped by flowers. The corners are topped with a more three dimensional finial of stylized flowers with curving leaves and a tall stem. This portico is accessed via a straight run of eleven stone steps stretching across its south side. The metal pipe railings at each edge appear to be twentieth century additions. While the balustrade and cornice appear to be the same in historic photographs, the original portico was more Gothic Revival in detailing, with a Tudor arch at the center and squat columns with a cushion capital. It is unknown when these features were removed.

Ward Pavilion Porches - Each ward pavilion had a two-story porch wrapping around the south façade beneath a shed roof. The footprint of these porches followed the angles of the south end window bay. This position allowed patients to take advantage of sunshine and air in these outdoor extensions of the ward. Originally these porches stood on brick piers with lattice in between and had square wood posts with elaborate brackets at the top. The porch has been entirely removed from the east pavilion while the west one has been fully enclosed and reconfigured into a square wood frame addition.

Convalescent Ward – The convalescent ward added at the west side of the hospital in 1886 is characterized by two-story porches included beneath the hipped roof and wrapping almost entirely around the building. The porch is not present at the north elevation, and the east elevation north of the connected corridor. It has been fully enclosed at the north end of the west elevation. This porch sits on brick piers and is accessed via wood straight run stairs at center of the south elevation and a ramp and stairs at the center of west elevation. The porch projects out several feet at the front gable over the west entrance. Its roof is supported by thin, simple wood posts with chamfered corners tapering down from a V-shaped top. The plinth of each porch post has pairs of rudely carved volutes on the inner and outer surfaces, creating a small curved detail and notch at the base of the chamfering. The porch ceiling is curved in the hipped roof areas and sheathed with bead board. The ceiling of the first floor level has open joists. Historic photographs show an X-pattern wood balustrade; now these porches have early-twentieth-century metal pipe railings. Several staircase openings are cut through the second story floor. These include one for a straight run metal stair near the south elevation, and two freestanding metal dog leg stairs flanking the west entrance.

Stoops and Service Wing - There is a concrete stoop with metal pipe railings on the west side of the east pavilion wing and a metal stoop on the west side of the rear service wing for access to a second story doorway with a tall metal straight run staircase. This staircase runs north parallel to the wall. There is a two-story enclosed wood porch at the east side of the service wing that is accessed via a concrete ramp. A shed roof overhang supported by wood brackets and metal poles projects from the first floor level. Another stoop is tucked into the corner of a courtyard on the north side of the corridor behind the administrative building. A straight run of concrete stairs is placed at a forty-five degree angle to the adjacent walls and leads to a screened-in concrete slab porch on concrete piers.

6. Chimneys: The hospital features an assortment of elaborate brick chimneys and metal pipes originally used for ventilation. The most numerous type of chimney is a rectangular tan brick shaft with notched corners and a corbelled brick cap decorated with a band of vertical brick dentils. Twelve of these chimneys are still extant; if the east and west ward pavilions had identical chimneys, three on the east ward have been removed. These are all interior chimneys, with four at the center of the administration building and three grouped near the north end of the west ward pavilion. The remaining five chimneys are located at the south gable ends of each wing, and the east and west cross gables of the administration block. Because these chimneys are located at the exterior wall directly above original window and door openings and not connected to flues and fireplaces, they must have been used for upper floor ventilation only.

A massive square tan brick chimney is located at the center of each ward pavilion at the ridge. These chimneys did originally connect to fireplaces at the center of the wards, but also served an important ventilation function. They are topped with a pyramidal metal cap supported by fan-like brackets and decorative metal scrollwork. An octagonal metal pipe with a pyramidal cap topped by a small scrollwork finial is located at the ridge

halfway between the central chimney and the each end wall (north and south), two on each ward pavilion. Another one of these ventilation pipes is located at the hipped roof portion of the rear service wing, which may have been the original kitchen/dining room.

The convalescent ward wing has four large tan brick chimneys. Two of these are large square exterior tan brick chimneys located at the east and west sides of the north end of the wing. These chimneys flare at the top and are decorated with a series of tall vertical recesses that widen below the cap. The recesses stop at the cornice, and there is another section of them at the second story level. These chimneys are plain brick from a stone string course at the bottom of the second floor recesses to the stone foundation at the bottom. The other two convalescent ward chimneys are located on either side of the central west gable in the center of the west roof slope. They are rectangular in shape and positioned parallel to the ridge. These chimneys are tan brick with a slightly tapered top and decorated with tall recesses topped by round arches.

7. Openings:
a. Doorways and doors: There are two primary public doorways for the former hospital. The original main entrance is a doorway into the central administration wing at the portico on the south elevation. This center entrance contains a two-leaf door set into a recessed frame. The door is a modern metal and glass commercial door, while the surround retains the original Tudor arch and notched brick frame. The other primary doorway is at the center of the west former convalescent wing. This is also a two-leaf door each containing a single large window. There is a matching opening at the second floor porch here with an eighteen-light French door (three by six). The convalescent ward doors have granite thresholds.

This building has numerous secondary exterior doorways, including some original ones that are now contained within enclosed porches. There are doorways at the bay in the south end of the ward pavilions to allow access to the porches here. The west pavilion doorway is located on the west diagonal of that bay and the east one on the east diagonal of that bay on both the first and second floors. Historic photographs show a door with wood panels in the lower third with six large rectangular light above arranged two horizontal and three vertical. Now the west pavilion exterior doorways are located on the side of the enclosed porch and include first and second story doorways leading to metal stairs. The doors here are wood with three horizontal recessed panels below a glazed section with six rectangular lights (three by two). These appear to be twentieth century replacements. The east pavilion ward now has a recent wood stair at the former first floor porch doorway and a tall metal stair for the former second floor porch doorway. The wood doors here have six rectangular divided lights (two by three) with two additional solid recessed panels at the bottom.

Additional single leaf exterior doorways are located in the north ends of the ward pavilions near the connecting corridors. There are doorways on the north side of the connecting corridor, one near each ward pavilion and other set into the corner behind the central administration building. Another similar doorway in the adjacent corner now

opens into an interior space. A door is located at the south wall of the corridor close to the east ward pavilion. The opening appears to be original, but could be modified window. The solid wood door is set into a reduced opening and has a twentieth century concrete stoop with stairs running parallel to the wall and a metal pipe railing. Another modified doorway appears in a similar location at the west ward pavilion, but its brick and stone stoop seems earlier. Another doorway is located at the ramp added to the east side of the east ward pavilion. The door here is an early twentieth century wood door with two recessed vertical panels in the lower half and a glazed opening above divided into six rectangular lights (two by three).

Many of the exterior doorways for the convalescent ward have gray granite thresholds. There are doorways with two-leaf doors at the convalescent ward porches on the south and east elevations. The south elevation opening does not appear to be original – it is a rectangular opening without the tall segmental arch transom space above. The door here is a modern glass and steel commercial type. There is a single leaf opening doorway on the second floor at west side of the south bay. The door here is an older French door in a segmental arch opening with the transom area filled with plywood. Another single leaf opening with a fifteen-light French door accesses the south end of the porch from the east enclosed porch. Most of these doors have an automatic closing mechanism.

Another doorway faces north at the enclosed porch section of the convalescent ward on the west elevation. The wood door with divided light glazing in the top half (six square lights) is sheltered by a shed roof supported on wood brackets and accessed via a wood straight run stair.

Other secondary openings are located at subterranean stairwells allowing direct access to the service wing, convalescent ward, and corridor basements. One basement doorway at the north elevation of the convalescent wing has a large elliptical arch opening with a three-part transom and side lights for borrowed light. This doorway is accessed via flight of concrete stairs arranged parallel to the wall and circled by a pipe rail. A basement level doorway is cut into the foundation at the west side of the service wing. Another doorway on this service wing elevation is located at the second floor. The ghost of an older gabled hood or porch roof over this opening is clearly visible. There is another doorway at the ground level of the north elevation of the service wing. The terrain slopes down here so this basement level entrance is fully visible. It is a two-leaf opening with a pair of doors with divided light glazing in the top two thirds. The opening is cut directly into the stone and brick masonry.

b. Windows: The hospital complex generally has regularly spaced fenestration of one window per bay. The openings vary in detail according to period of construction. The original central administration building and ward pavilion wings have tall two over two wood sash windows with a hierarchical distribution of decorative details. Brick detailing around the opening creates a decorative frame for a wood sash set directly into the brick wall. The brick frame details are most elaborate on the first floor of the central administration building. Here the windows have a deep reveal and are topped by Tudor

arch projecting crown with an additional course of brick across the top and stone spring blocks at the corners which project out at two angles meeting in a line. Below the stone sill is a recessed panel with courses of corbelled brick above and below a line of alternating projected solider bricks. On the upper stories here the openings have a similar Tudor arch crown, but a simple projecting stone sill with corbelled bricks under the ends. The projecting center bays at the south elevation have pairs of windows on each level, with a small Palladian type arrangement of windows in the gable.

The ward pavilions have the same brick details of projecting crown and stone sill with brick brackets, but with a segmental arch. The center bays of the south elevation (both first and second floor) have another variation. Below the window is a spandrel with ladder-like pattern of vertical bricks between horizontal rows. The projecting stone sill below is supported under the corners by corbelled bricks. In all the original hospital wings the original tall two over two wood sash are beneath a later storm window in a thick white frame. The outer window has a one over one movable sash below a large fixed transom.

The original connecting corridors have two types of window openings – a segmental arch on the first floor and a round arch on the second. Each opening has a projecting crown and stone sill with brick brackets. The windows on both levels are rectangular wood sash set directly into the brick wall. Older wood windows are tall two over two divided light. These windows are beneath a later one over one sash in a thick white frame.

There are some smaller openings in diamond shapes or pairs of small windows with slanted tops in the gables at the attic levels. Additional basement level window openings are cut into the stone foundation and filled with wood sash of various sizes. The basement windows on the original hospital have a projecting stone sill with a rusticated face.

The convalescent ward and its corridor connecting to the original hospital have tall rectangular windows set directly into the brick wall with a segmental relieving arch and a slightly projecting stone sill. In many areas the wood two over two sash are enclosed behind white frame storm windows with one over one sash below a fixed transom. The wood sash have a thick rounded molding around the outer edge. Large half circle window openings appear in west gables of this wing, now filled with plywood.

The twentieth century wood sash windows appear on the porch enclosures throughout the building and the service wing. The ca. 1924 portion of the service wings also has pairs of four over four metal sash windows in large rectangular openings with a plain concrete sill. Older sections of the service wings have openings with segmental or round arch crowns and stone stills similar to the connecting corridors. In other areas here the window opening have been modified to accommodate pairs of windows in a rectangular opening.

8. Roof:

a. Shape, covering: The various sections of the hospital have cross gable roofs in several different forms. The central administration building has a mansard roof with an east/west cross gable with a jerkinhead profile. Another standard cross gable projects from the south façade. The top of the roof at the change in pitch has a decorative wrought iron balustrade with floral motif scrollwork. The roof is sheathed in gray rectangular slate shingles with a copper ridge and seams.

The ward pavilions have a gabled roof with east/west cross gables. The gable at the south elevation bay has a hip on gable, or jerkinhead, roof profile. The connecting corridors have gable roofs with a low pitch and copper ridge. These roofs are also sheathed in gray slate shingles with a copper ridge and seams.

The convalescent ward has a hipped roof with a cross gable at the center of the west and east elevations. On the west side the gable extends to the roof over the two-story porch. This roof is sheathed with gray asphalt shingles.

The service wing has various flat roof sections, either surrounded by a brick parapet with stone coping or with corbelled eaves. There is one older section that has a hipped roof. The north elevation of the ca. 1924 section has a taller parapet that steps down twice from the center.

b. Cornice, eaves: The original hospital administration building and wings have wood boxed eaves with ornamental molding on the soffit. The cross gables have dentils and decorative brackets at the edges. On the administrative building gables the corners have a flush corner block with carved rosettes and vertical recesses echoing the brickwork. The dentils here have a thick semicircular piece of molding applied to the underside of each one. These dentils extend all the way around the administration building, with a flat applied dentil along the rake of the cross gables. On the ward pavilions dentils with a congee profile are located on the side gables only. The decorative gable brackets here are robust and three dimensional, having a roughly triangular profile with a rosette carving on the side and a series of thick reeds below. These buildings also have copper gutters.

The connecting corridors have a close eave with brick corbelling at the top of the walls and copper gutters.

The convalescent ward has a box eave with a wide plain frieze board with molding along the bottom edge on the north end.

c. Dormers: The convalescent wing is the main section of the hospital with dormers. A large gable dormer faces south and is sheathed with fish scale shingles. There is a large half circle window here divided into x triangular lights. Another gabled dormer is located on the north elevation. Here the dormer is sheathed with rectangular gray slate shingles. The window arrangement is a center rectangular window flanked by two smaller windows arranged flush with the top edge. There is a scrolled flat molding along the bottom edge. Four scrolled brackets support the deep box cornice at the gable. The

gable contains bead board with applied stick work in a chevron pattern. An additional triangular dormer is located on the north slope of the central administration building. The opening here is filled with wood louvers.

C. Description of Interior:
1. Floor plans: The hospital is a classic example of a nineteenth century pavilion plan with a central administration building flanked by parallel ward wings and lower connecting corridors. The administration building has a center hall double loaded with offices and treatment rooms. Each ward pavilion has a cluster of service rooms on the north end near the corridor and a large open ward in the southern two thirds. The west convalescent addition continues the pattern of large ward rooms and connecting corridors. The service wing to the wing has a more asymmetrical footprint due to a series of expansions and changes between 1879 and 1924.

2. Stairways: The hospital has several enclosed dogleg stairs, originally intended to avoid cross infection between different wards. Vertical communication with the ward areas would have been deliberately avoided. The administration building and the two original ward pavilion wings each have a stair adjacent to the connecting corridor on the north. There are additional stairs at the south side of the service wing and the center of the west convalescent wing. The convalescent wing also has external stairs between the first and second floors of its verandas.

3. Flooring: The hospital original had hardwood floors throughout. The upper floors are now covered with commercial grade carpet or vinyl tiles. The basement has concrete or quarry tile floors.

4. Wall and ceiling finish: The walls and ceilings were originally finished with plaster and painted. Areas inside enclosed porches tend to have painted beadboard and brick walls. During the late nineteenth/early twentieth century a number of decorative tin ceilings were installed that still remain. These ceilings feature coffered panels and coved cornices with decorative motifs such as floral filigree, acanthus leaves, and bands of reeding. The original baseboards for the administration building were tall with a section of decorative molding along the top.

5. Openings:
a. Doorways and doors: There are two leaf door openings at the ends of the open wards; other doorways between the various halls and smaller office rooms are single leaf. Many doors have been replaced with modern metal and hollow core wood. Typical door molding in the administration building is flat and wide with chamfered edges and pyramidal corner blocks at the top. There is a slightly projecting plinth below the bottom flared edge of the chamfered molding. A small triangular detail sits at the center of the plinth's top edge.

b. Windows: The typical interior window treatment is set directly into the wall with a rounded sanitary sill in the ward pavilion areas. The administration building has more

decorative interior window trim that matches the door molding. Here the wide trim has chamfered edges that flare out to a pyramidal block at the top corners. An additional wide piece of chamfered trim sits below the projecting sill. The

6. Decorative features and trim: Metal support columns in the service wing have capitals decorated with grapes and acanthus leaf volutes. Additional metal columns in the basement have a bulbous decorative top with raised horizontal bands.

7. Hardware: n/a

8. Mechanical equipment:
a. Heating and ventilation: The hospital originally had radiant heat provided by central boilers on site or by boilers in the basement. The system of healthful natural ventilation was described in the historical context section. There are a number of surviving decorative metal grilles in the building that appear to be remnants of this system. Exposed ductwork for a modern forced air system is found in many areas.

b. Lighting: There are modern fluorescent light fixtures throughout the building.

c. Plumbing: The hospital was built with the latest plumbing available and these fixtures were changed and upgraded several times over the years. External pipes and sprinklers appear throughout the building.

d. There are x modern elevators in the building that probably replaced earlier models.

PART III. SOURCES OF INFORMATION

A. Architectural drawings: Original architectural drawings of the hospital have not been located.

B. Early Views: Souvenir booklets in the collection of the Zablocki Veterans Affairs Medical Center Library provide the earliest photographs of the hospital. See footnotes for specific examples.

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PART IV. PROJECT INFORMATION

Documentation of the Hospital at the Northwestern Branch of the National Home for Disabled Volunteer Soldiers (now Zablocki Veterans Affairs Medical Center) was undertaken by the Historic American Buildings Survey (HABS, Catherine Lavoie, Chief) during 2010 as phase two of HABS documentation for the site. HABS is part of the Heritage Documentation Programs (Richard O'Connor, Chief) of the National Park Service, United States Department of the Interior. The project is sponsored by the Department of Veterans Affairs, Office of Construction and Facilities Management, Kathleen Schamel, Federal Preservation Officer, as part of a multi-year effort to record the significant examples of National Soldiers Home architectural currently under the jurisdiction of that agency. It was made possible through the cooperation Robert H. Beller, Director, Zablocki VA Medical Center and many members of his staff, especially Librarian Jill Zahn. The drawings team was led by HABS architect Mark Schara, working with HABS architects Paul Davidson and Daniel DeSousa and student architect Sara Dewey (University of Maryland). The historical reports were prepared by HABS Historian Lisa P. Davidson. Large-format photography was undertaken by HABS Photographer James Rosenthal.

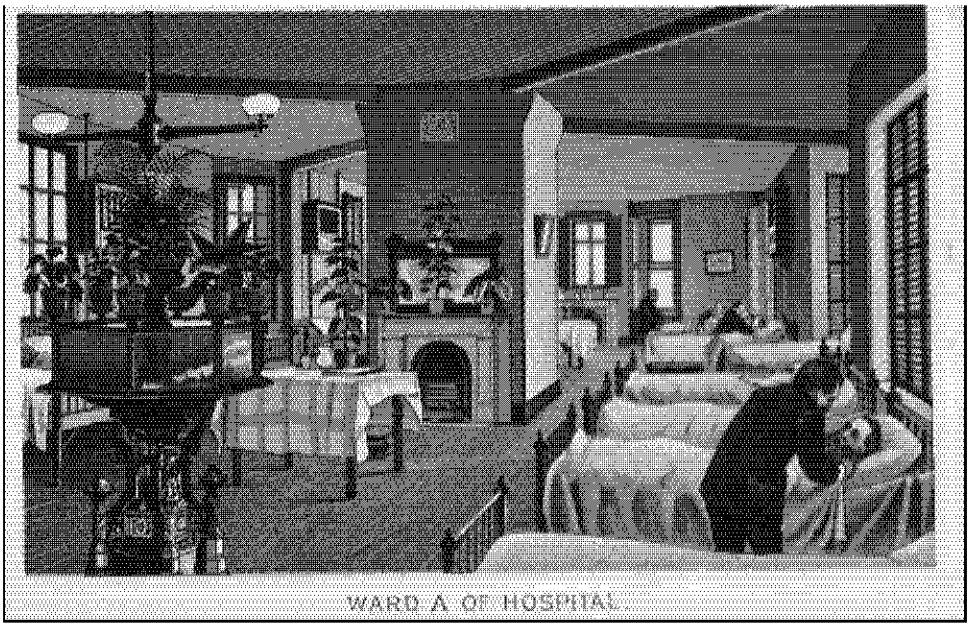

Figure 1: Interior View of Hospital Ward A, circa 1881.
Source: *National Soldiers' Home Near Milwaukee.* Milwaukee: National Soldiers' Home, 1881.

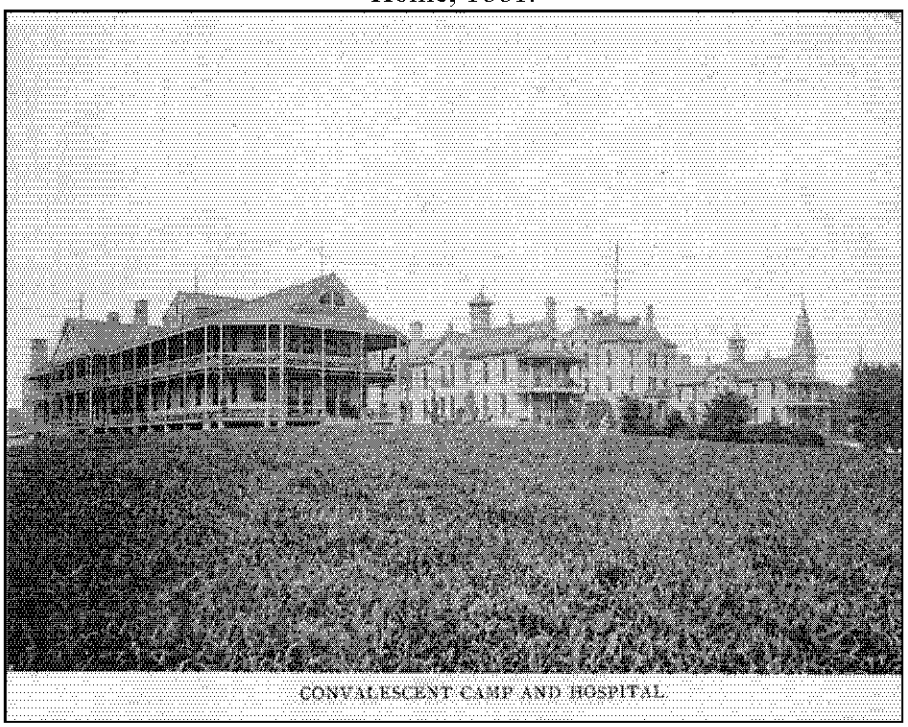

Figure 2: Exterior View of Hospital, circa 1889.
Source: *National Soldiers' Home Near Milwaukee.*
New York: The Albertype Co., 1889.

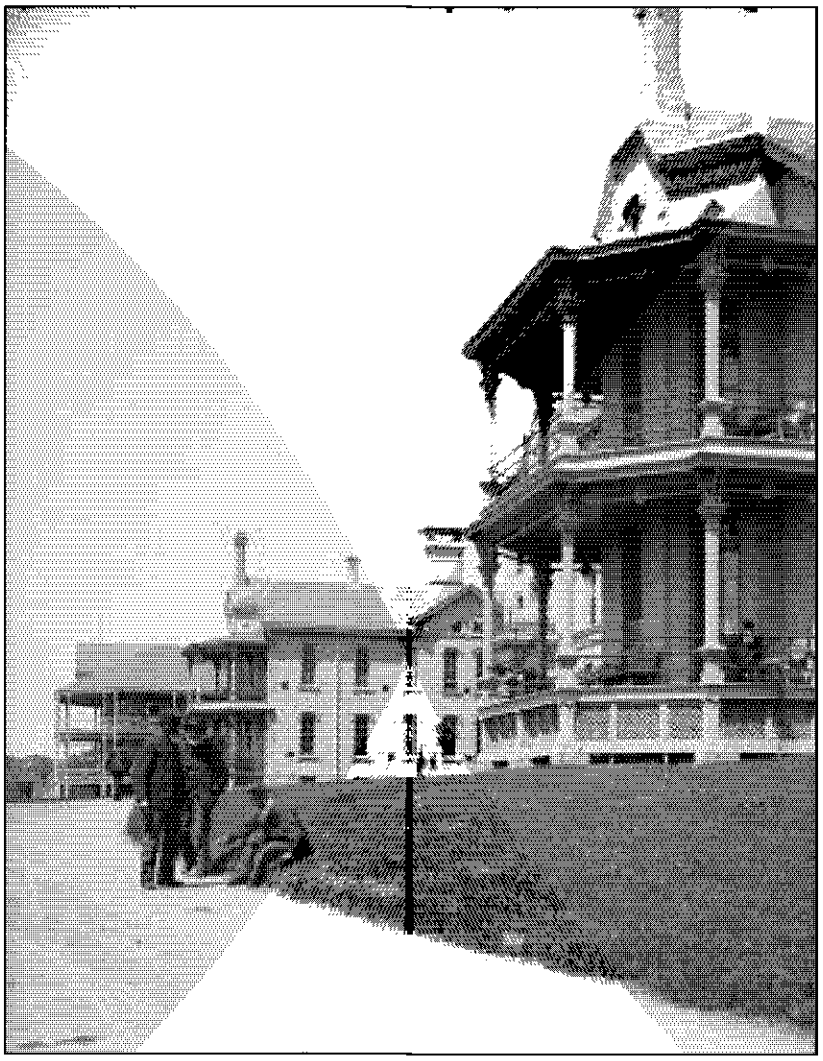

Figure 3: Modified Stereoscope Image of Hospital, circa late 1880s.
Source: Image No. WHi-34879, Bennett Collection, Wisconsin Historical Society.

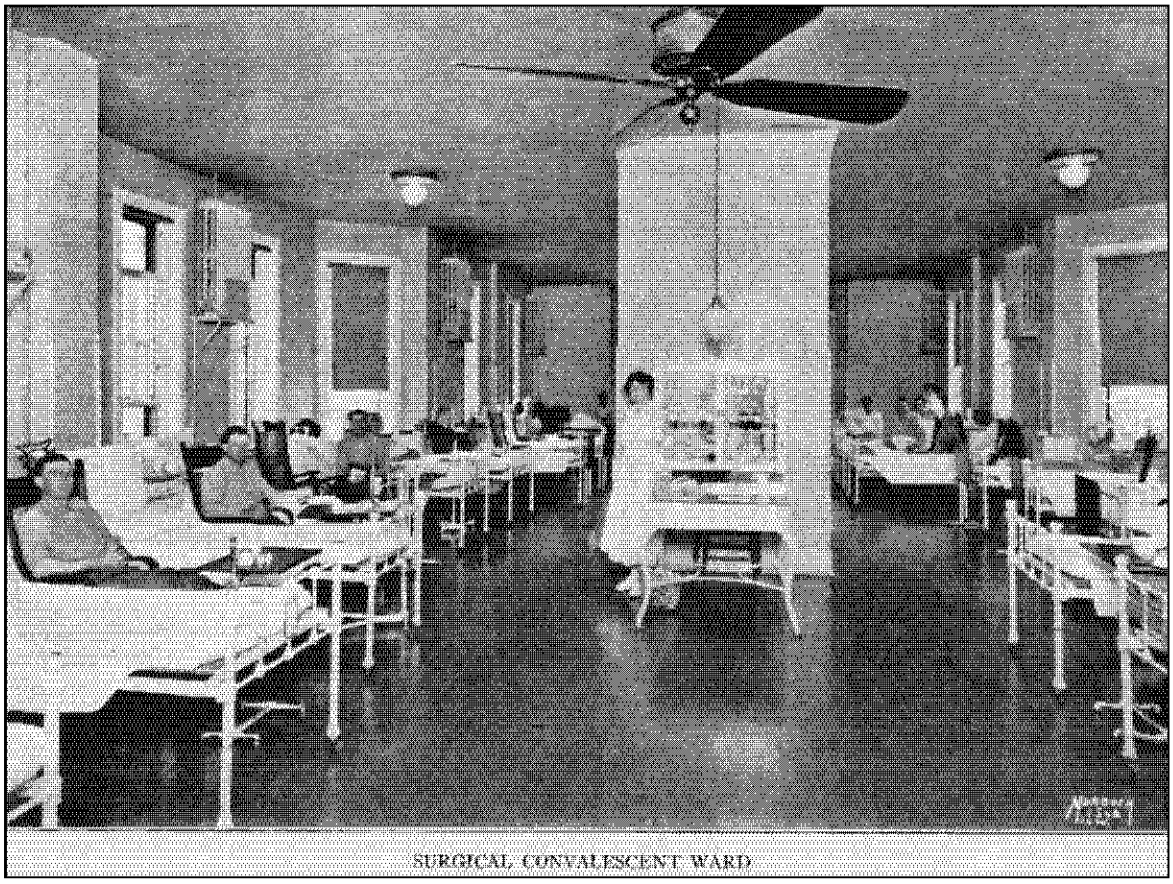

Figure 4: Interior View of Hospital Ward, circa 1923.
Source: Johnson, Tom L. *Souvenir History – Northwestern Branch of the National Home for Disabled Volunteer Soldiers.* (Milwaukee, WI, 1924), 74.